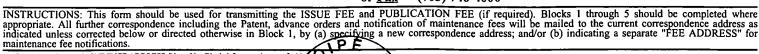
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wi

plicable fee(s), to: Mail

Mail Stop ISSU Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000



	7590 11/19/2004 CUSTOMER 1 22850	TUMBER	- 8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fee(s) Transmittal. The papers. Each addition have its own certificated thereby certify that the States Postal Service addressed to the Ma	nis certificate cannot be use al paper, such as an assign te of mailing or transmission rtificate of Mailing or Tra	nsmission ing deposited with the United first class mail in an envelope ss above, or being facsimile
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAM	ED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,391	07/11/2003	Tami	o Ikehashi		240192US2	3324
TITLE OF INVENTION	: SEMICONDUCTOR MEMO	RY DEVICE		01/12/2005 M	BIZUNE2 00000039 1061	7391
				01 FC:1501 02 FC:1504		1400.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	-\$1370- \$1400		\$300	-\$1670- \$1700	02/22/2005
EXAMINER		ART UNIT	CL	ASS-SUBCLASS]	
TRAN, MICHAEL THANH		2818		365-205000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

listed, no name will be printed.

Number is required.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
KABUSHIKI KAISHA TOSHIBA	Tokyo, JAPAN			
Please check the appropriate assignee category or categories (will not be	printed on the patent):			
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
☑ Issue Fee	A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
The Director of the USPTO is requested to apply the Issue Fee and Publi NOTE: The Issue Fee and Publication Fee (if required) will not be accep interest as shown by the records of the United States Patent and Tradema	cation Fee (if any) or to re-apply any previously paid issue fee to the application identified above. ted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in rk Office.			
Authorized Signature Joseph Scafette Jr.	Date JAN 1 0 2005			
Typed or printed name Joseph Scafetta, Jr.	Registration No. Reg. No. 26,803			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.